HEALTH PROFESSIONS
EDUCATION FOUNDATION
Giving Golden Opportunities

Associate Degree Nursing & Pre-Nursing Scholarship Application

Giving Golden Opportunities by:

Increasing the supply of health professionals practicing in underserved areas

Improving access to healthcare in rural and urban areas of California

Helping students to pursue a career in the health professions

Awarding health professionals who are dedicated to practicing in underserved communities

Application Instructions

APPLICANTS MAY APPLY FOR ONLY ONE AWARD USING THIS APPLICATION.

The purpose of the Associate Degree Nursing (ADN) and Pre-Nursing Scholarship awards is to increase the number of registered nurses (RN) practicing in medically underserved areas of California.

Applications for the Associate Degree Nursing and Pre-Nursing Scholarship are accepted biannually. Monies awarded under these programs are intended to pay tuition, required fees, books, supplies, and educational equipment costs related to the applicants registered nurse or pre-nursing education. All awards are subject to the availability of funding.

Selection Criteria

Selection for the ADN and Pre-Nursing Programs is based solely on information contained in the application and supporting documentation. Selection for awards is based on the following criteria:

Work Experience - nursing and non-nursing work experience in a medically underserved area (MUA).

Financial Need - actual or potential difficulty in completing education in the absence of an award.

Career Goals - professional goals for the next five to ten years.

Community Service - documented volunteer service and/or activities, particularly in a MUA.

Community Background - family structure and community where you grew up; for example, rural, inner city/urban, suburban, or MUA.

Academic Performance - prior and current academic performance; potential for future academic success.

Priority will be given to:

Individuals whose community background and commitment indicates the likelihood of long-term employment in a medically underserved area even after the service obligation has ended.

Awards are made on a competitive basis. Each part of the application must be completed. All supporting documentation must be submitted. Only complete applications will be evaluated. The Foundation will not notify individuals if their application is incomplete.

■ ■

ADN SCHOLARSHIPS

Students may receive up to **$8,000** for the **Associate Degree Nursing Scholarship.** Scholarships are funded for one academic year, usually 2 semesters or 3 quarters. Your graduation date may impact the amount of funding you are eligible to receive.

Scholarship Eligibility

Scholarships are available to students who are enrolled or accepted in an associate degree nursing program. Priority will be given to students who will be graduating within 1-2 years. Awardees must sign a contract with the Office of Statewide Health Planning and Development and agree to the following terms:

Be a U.S. citizen or **permanent resident** and a California resident.

Complete a 2-year service obligation to practice in a medically underserved area of California as a RN providing direct patient care.

Obtain a BSN degree within 5 years of obtaining an ADN degree.

Be a full-time or part-time student (no less than 6.0 units) in a California accredited school.

Maintain a minimum cumulative GPA of 2.0 each year scholarship funds are sought.

Submit the following:

1. **Official transcript(s) related to your nursing education**
   If you are a student in your first year of the nursing program and your transcripts do not reflect your nursing education, submit your most current transcript.

   The transcript(s) must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in an open/unsealed envelope.

2. **Personal Statements** (Part D of the application)
   Attach your personal statements to the application. Your statements must be typed. Statements must provide a comprehensive response to each question. Please limit all Personal Statements to not more than 7 pages. Restate and number each question along with your answer.

3. **Two Letters of Recommendation**
   Letters of recommendation must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member. To receive maximum credit for community service a letter from the agency where service was provided must be submitted.

4. **Graduation Date Verification Form**
   This form must be signed by the nursing program director or a faculty member authorized to sign on the director's behalf. The Graduation Date Verification Form is enclosed as part of the scholarship application. Applicants can also download this form from the Foundation's Web site at www.healthprofessions.ca.gov.

5. **Verification of Language Fluency**
   Fluency in a language other than English must be verified on the Employment or Graduation form or in a letter of recommendation from an employer or school faculty person.

Application Instructions (cont.)

6. Student Aid Report (SAR)
Students must submit the final 2005-2006 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on the Internet at www.ed.gov/offices/OPE/express.html.

Or

2004 Federal Tax Return with all W-2s
Applicants who do not apply for financial aid must submit a complete copy of their 2004 Federal tax return with all W-2s. The State tax return will not be accepted in lieu of the Federal tax return.

PRE-NURSING SCHOLARSHIP
Students may receive up to **$4,000** for the **Pre-Nursing Scholarship Program.** Priority will be given to students who will be entering an ADN program within 1 year.

Eligibility
Awards are available to students who are currently enrolled in pre-nursing course work **and** who are attending school in one of the Central Valley counties: Fresno, Kern, Kings, Madera, Merced and Tulare. Awardees must sign a contract with the Office of Statewide Health Planning and Development and agree to the following terms:

Be a U.S. citizen or permanent resident and a California resident.

Upon completion of an associate degree in nursing, complete a 1-year service obligation to practice in a medically underserved area of California as a RN providing direct patient care.

Be a full-time or part-time student (no less than 6.0 units) in a California accredited school.

Maintain a minimum cumulative GPA of 2.5 while completing pre-nursing coursework.

Submit the following:

1. Official transcript(s) related to your pre-nursing education
The transcript must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in an open/unsealed envelope.

2. Personal Statements (Part D of the application)
Attach your personal statements to the application. Your statements must be typed. Statements must provide a comprehensive response to each question. Please limit all personal statements to not more than 7 pages. Restate and number each question along with your answer.

3. Two (2) letters of recommendation
Letters of recommendation must be current or dated within the last six months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member. To receive maximum credit for community service, a letter from the agency where service was provided must be submitted.

4. Pre-Nursing Verification Form
This form must be signed by the nursing program director or a faculty member authorized to sign on the director's behalf. The Pre-Nursing Verification Form is enclosed as part of the scholarship application. Applicants can also download this form from the Foundation's Web site at www.healthprofessions.ca.gov

5. Verification of Language fluency
Fluency in a language other than English must be verified on the Employment or Pre-nursing verification form or in a letter of recommendation from an employer or school faculty person.

6. Student Aid Report (SAR)
Students must submit the final 2005-2006 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on the Internet at www.ed.gov/offices/OPE/express.html.

Or

2004 Federal Tax Return with all W-2s
Applicants who do not apply for financial aid must submit a complete copy of their 2004 Federal tax return with all W-2s. The State tax return will not be accepted in lieu of the Federal tax return.

INELIGIBILITY FOR AWARDS
Applicants who owe a conflicting service obligation to practice direct patient care to another entity entered into before filing an application with the Foundation are ineligible to receive a scholarship. Awardees who breach their contract with the Office of Statewide Health Planning and Development will not be allowed to reapply for additional awards.

APPLICATION SUBMISSION
Applications must be postmarked by the deadline. In order to be eligible, each part of the application must be completed. All supporting documentation must be submitted. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation at (800) 773-1669 prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose-leaf binder.

NOTIFICATION OF AWARDS
The Foundation will notify applicants of their application results within eight weeks of the postmark deadline.

Spring Application Postmark Deadline: March 24, 2005
Fall Application Postmark Deadline: September 8, 2005
This application will not be used for the September 2005 cycle. If you are interested in applying for the Fall cycle, please contact the Foundation for a revised application.

Submit applications to:

Health Professions Education Foundation
ADN & Pre-Nursing Scholarship Programs
818 K Street, Suite 210
Sacramento, CA 95814
(800) 773-1669 or (916) 324-6500

Application

Do you owe an existing service obligation to another entity? ☐ Yes ☐ No

If yes, please explain. _____

_____

☐ Associate Degree Nursing Scholarship: $8,000

☐ Pre-Nursing Scholarship: $4,000

Please enter the scholarship amount you are requesting: $_____

Please refer to the application instructions when completing the application. Complete each part of the application form. Make sure all supporting documents are submitted with your application. Applications and all supporting documents must be postmarked by the application deadline. Late applications will not be evaluated.

PART A – PERSONAL INFORMATION

(Please type or print your answers in the space provided) Applicants may apply for only one award using this application.

Note: Pre-Nursing Scholarship is only available for students in the Central Valley, as defined on page 2 of the application instructions.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: ____ _____ Work Phone: _____

Social Security # ____ - ___ - _____ CA Drivers License # _____

Date of birth: ___/___/____ Age: _____ Gender: Male Female

Marital Status: ____ Unmarried ____ Married

Number of dependents other than self and spouse: _____

Are you a previous awardee of the Foundation? ☐ Yes ☐ No

If yes, please enter the contract # _____

Are you the first in your family to attend college? ☐ Yes ☐ No

Which best describes your ethnic background:

☐ Asian American ☐ Pacific Islander ☐ African American

☐ Caucasian ☐ Native American ☐ Hispanic/Latino

Other (Please specify) _____

If Native American, please specify tribal affiliation and submit verification:

_____

List any languages you are fluent in, other than English.
Please submit validation (see item 5 in the instructions).

1 _____

2 _____

Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No

Are you a California resident? ☐ Yes ☐ No

PART B – WORK EXPERIENCE

Please list all work experience you have had. List most recent employer first. Attach additional work history on page 5 (maximum of 5 employers).

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Full-time **OR** ☐ Part-time

Employment Start Date: ___/___/____ Employment End Date: ___/___/____

Average hours worked (please choose only one):

_____/day _____/week _____/ month

Brief description of your job duties: _____

_____

_____

_____

_____

Application

Please refer to the application instructions before you begin.

Associate Degree Nursing Scholarship: $8,000
Pre-Nursing Scholarship: $4,000

PART C – COMMUNITY BACKGROUND

For each age category below, list the city, county, state, or country you grew up in. Check socioeconomic status and geographic characteristics for each applicable age category.

Age Category	Poor	Middle-class	Upperclass	Rural	Inner City/Urban	Suburban
Birth-10 years	☐	☐	☐	☐	☐	☐

City:_____ County:_____ State:_____
Country: _____

Age Category	Poor	Middle-class	Upperclass	Rural	Inner City/Urban	Suburban
11-20 years	☐	☐	☐	☐	☐	☐

City:_____ County:_____ State:_____
Country: _____

Age Category	Poor	Middle-class	Upperclass	Rural	Inner City/Urban	Suburban
21-30 years	☐	☐	☐	☐	☐	☐

City:_____ County:_____ State:_____
Country: _____

Age Category	Poor	Middle-class	Upperclass	Rural	Inner City/Urban	Suburban
31-40 years	☐	☐	☐	☐	☐	☐

City:_____ County:_____ State:_____
Country: _____

Age Category	Poor	Middle-class	Upperclass	Rural	Inner City/Urban	Suburban
41+ years	☐	☐	☐	☐	☐	☐

City:_____ County:_____ State:_____
Country: _____

PART D – PERSONAL STATEMENTS

Attach your personal statements to the application. Your statements must be typed. Restate and number each question along with your answer.

1. What kind of work would you like to do immediately after graduation?
2. What kind of work do you think you'll be doing in five years?
3. What is your vision of your professional future in ten years?
4. Describe any community service, volunteer activities, or club memberships within the past two years **(Please attach any letters of recommendation you may have. Do not include experience for which you received academic credit).**
5. Describe your family background including: your father's and mother's occupation, annual income, marital status, and number of dependents including yourself.
6. Describe how your background is relevant to your interest in pursuing a nursing career. Do you see your background as an advantage, disadvantage or both?

PART E – QUESTIONNAIRE

Where did you hear about the Associate Degree Nursing / Pre-Nursing Program? (Check all that apply)

☐School ☐Work (employer or co-worker) ☐Friend/Acquaintance ☐TV

☐Foundation Web site ☐Other Web site ☐Advertisement ☐Radio

☐Newspaper or publication (please specify)_____

☐Organization or Affiliation (please specify)_____

☐Other source (please specify)_____

Where did you receive the Associate Degree Nursing / Pre-Nursing Program application form? (Check only one.)

☐Financial Aid Office ☐Program Director/Instructor ☐Foundation office
☐Foundation Web site ☐Other Web site ☐Work (employer/co-worker)
☐Friend/Acquaintance ☐Other please specify_____

PART F – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation to verify any information submitted as part of this application. I understand that falsification of information contained in this application will disqualify my application and that the Board of Registered Nursing will be notified.

I understand that if falsification is discovered after I have been awarded, I will be required to repay all funds awarded, plus interest and administrative fees.

I understand that once submitted, my application and supporting documents become the rights of the Health Professions Education Foundation. I also understand that my personal statements become the property of the Foundation and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

Printed name: (last name, first name, middle initial)

_____

Applicant's Signature: _____ Date: _____

SUBMIT APPLICATIONS TO:

Health Professions Education Foundation
ADN & Pre-Nursing Scholarship Programs
818 K Street, Suite 210
Sacramento, CA 95814

Spring Postmark Deadline March 24, 2005
Fall Postmark Deadline September 8, 2005
This application will not be used for the September 2005 cycle. If you are interested in applying for the Fall cycle, please contact the Foundation for a revised application.

ADN SCHOLARSHIP CHECKLIST

☐ **1. Official Transcript(s) related to your nursing education**
☐ **2. Personal Statements**
☐ **3. Two (2) Letters of Recommendation**
☐ **4. Graduation Date Verification Form**
☐ **5. 2005-2006 Student Aid Report (SAR)**
   or
   2004 Federal tax return and all W-2s

PRE-NURSING SCHOLARSHIP CHECKLIST

☐ **1. Official Transcript(s) related to your pre-nursing education**
☐ **2. Personal Statements**
☐ **3. Two (2) Letters of Recommendation**
☐ **4. Pre-Nursing Verification Form**
☐ **5. 2005-2006 Student Aid Report (SAR)**
   or
   2004 Federal tax return and all W-2s

GRADUATION DATE VERIFICATION FORM

*Must be completed by the Program Director or the director's designee.

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: _____

School Name: _____

Program Enrolled: _____

Address: _____

City: _____ County: _____ State: _____ Zip_____

Year Entered: _____ Expected Graduation Date: _____
          Month/Year   Month/Year

Enrollment Status: ❑F/T   ❑P/T   # of units currently enrolled: _____
(Based on FALL or SPRING Semester / Quarter academic year) or # of units equivalent if on a modular system: _____

Please comment on the student's performance and potential for academic success.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Student is fluent in a language other than English: ❑ Yes   ❑ No   ❑ Unknown

Specify Language(s): _____

This form was completed by

Name: (Please Print) _____ Title: _____

Signature: _____ Date: _____

Phone Number: (   )_____

Please check one:

❑ I certify that I am the Program Director.

❑ I certify that I am authorized to sign this document on behalf of the Program Director.

ADN form

Additional Work History

Please list all work experience you have had. List most recent employer first (maximum of 4 employers).

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Full-time **OR** ☐ Part-time

Employment Start Date: ___/___/____ Employment End Date: ___/___/____

Average hours worked (please choose only one): ____/day ____/week ____/ month

Brief description of your job duties: _____
_____
_____
_____
_____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Full-time **OR** ☐ Part-time

Employment Start Date: ___/___/____ Employment End Date: ___/___/____

Average hours worked (please choose only one): ____/day ____/week ____/ month

Brief description of your job duties: _____
_____
_____
_____
_____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Full-time **OR** ☐ Part-time

Employment Start Date: ___/___/____ Employment End Date: ___/___/____

Average hours worked (please choose only one): ____/day ____/week ____/ month

Brief description of your job duties: _____
_____
_____
_____
_____

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Your Supervisor's Name: _____ Office Phone: _____

Your Position/title: _____ Monthly Salary: _____

☐ Full-time **OR** ☐ Part-time

Employment Start Date: ___/___/____ Employment End Date: ___/___/____

Average hours worked (please choose only one): ____/day ____/week ____/ month

Brief description of your job duties: _____
_____
_____
_____
_____

PRE-NURSING VERIFICATION FORM

*Must be completed by the Program Director or the director's designee.

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: _____

School Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip_____

Year Entered: _____ Expected Graduation Date: _____
<div align="center">Month/Year   Month/Year</div>

Enrollment Status: ❏F/T   ❏P/T   # of units currently enrolled_____

Does the student appear to be taking pre-nursing course work?   ❏Yes   ❏No

Please comment on the student's performance and potential for acceptance into a nursing program.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Student is fluent in a language other than English: ❏ Yes   ❏ No   ❏Unknown

Specify Language(s): _____

This form was completed by

Name: (Please Print) _____ Title: _____

Signature: _____ Date: _____

Phone Number: (_____)_____

Please check one:

     ❏ I certify that I am the Program Director.

     ❏ I certify that I am authorized to sign this document on behalf of the Program Director.

Pre-Nursing form

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